

7020 1610 0001 9926 1135

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OFFICIAL USE

Certified Mail Fee	3-3-22
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage

\$

Total Post: Robert K. Hudnall

\$ 5823 N. Meds, #839

Sent To

El Paso, TX 79912

Street and

3:22-cv-00036-KC-RFC Doc.19 (dt)

City, State,

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions